## BEST AVAILABLE CUTT

i.e									Application or Docket Number						
PATENT APPLICATION FEE DETERMINATION RECORD  Effective October 1, 2000										9	92	7-89	9		
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE				OTHER			
TOTAL CLAIMS								RATE		FEE	1	RATE	FEE		
FOR .			NUMBER FILED		NUMBER EXTRA			BASIC FEE		355.00	OR	BASIC FEE	710.00		
TOTAL CHARGEABLE CLAIMS			63 minus 20=		• 43.			X\$ 9=			OR	X\$18=			
INDEPENDENT CLAIMS			색 minus 3 =					X40=	. ]		OR	X80=			
ML	JLTIPLE DEPE	NDENT CLAIM P	RESENT						7			.070			
• 11	* If the difference in column 1 is less than zero, enter *0" in column 2										OR	+270=			
10											OR	TOTAL			
<u>/9</u>	a/17/04 CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)							SMAL	LΕ	NTITY	OR	OTHER SMALL I			
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER	PRESENT EXTRA		RATE		ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE		
NON	Total	tal • 54		inus 6		-		X\$ 9=	•	,	ОŘ	X\$18=			
AME	Independent - 4 FIRST PRESENTATION OF M		Minus			-		. X40≃		• :	OR	X80≖			
	1 - 0	6	,	PENDENT	COMM		'	+135-			OR	+270±			
1	17210	7						TOTA		45 1/8 5/71	OR	TOTAL ADDIT: FEE			
_	(Column 1) (Column 2) (Column 3)														
AMENDMENT B		. CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID I	BER SUSLY	PRESENT EXTRA		RATE		ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE		
	Total	. 20	Minus	. 6	3_	= ~		X\$ 9=			ŏR	X\$18=			
AME	Independent			Minus A			<u>-</u>		T		OR	X80=			
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									-	OR	+270=:			
		_	TOT!			OR	TOTAL ADDIT, FEE								
(Column 1) (Column 2) (Column 3)															
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHI NUME PREVIO PAID F	ER USLY	PRESENT EXTRA		RATE		ADDF IONAL FEE		RATE	ADDIA TIONAL FEE		
	Total	•	Minus	••		E	Ī	X\$ 9=	T		OR	X\$18=	1.0		
	Independent	•	Minus	•••		s		X40=	+	60 sta		X80=	242		
	FIRST PRESE	NTATION OF ML	JLTIPLE DEF	PENDENT	CLAIM		-	· · · · ·	+		OF				
+135= +270= 100													1		
If the entry in column 1 is less than the entry in column 2, write "O' in column 3.  If the Triphest Number Previously Paid For: IN THIS SPACE is less than 20, enter 20.  ADDIT, FEE  ADDIT, FEE  ADDIT, FEE															
ુ ∵ા	ne Trighest Num	ber Previously Pale	d For (Total or	5 SPAÇE la Independa	iess tha nt) is the	n 3, enter "3." htghest numbe									
• •	C. R. A. F.				·		11.4	Cerew	75	<b>LEAST</b>					

Best Available Copy

FORM PTO-675)